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## MONTANA NOTARY PUBLIC CONTACT INFORMATION UPDATE

Indicate the item(s) to be changed:

- ☐ Name\*\*    ☐ Home Mailing Address    ☐ Physical Residence Address    ☐ Employment Information  
☐ Home/Cell Telephone Number    ☐ Work Telephone Number

Your name as it appears on your current Certificate of Commission:

\_\_\_\_\_

Email address \_\_\_\_\_ Commission expiration date \_\_\_\_\_  
(Month/Day/YYYY)

**For name change requests only**

Your *new* name:

\_\_\_\_\_

**New Home Mailing Address:**

**New Home/Cell Phone Number:**

Street/Box # \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State MT Zip \_\_\_\_\_

**New Physical/Residence Address (if different):**

Street \_\_\_\_\_ Apt/Unit \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State MT Zip \_\_\_\_\_

**New Employment Information:**

Employer Name \_\_\_\_\_ **New Work Phone Number:** \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*Notary name changes **must** be accompanied by a "name change rider" issued by your insurance company or bonding agency. An amended certificate reflecting the name change will be sent to you.

SIGNED \_\_\_\_\_ (sign with **new** name, if applicable)

DATE \_\_\_\_\_

**Mail completed and signed form to address above.**

**Questions? Visit our website at [www.sos.mt.gov/notary](http://www.sos.mt.gov/notary). Contact us at (406) 444-5379 or at [sosnotary@mt.gov](mailto:sosnotary@mt.gov).**